

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	75316	9/30/00
O.I.P.E. CLASSIFIER	SW	5	1/1
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59573		11-12-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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